

## **Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?::                | None  |
| Number of CD Disks::             |   |
| Number of Copies of CDs::        |   |
| Sequence Submission?::           |   |
| Computer Readable Form (CRF)?::  |   |
| Number of copies of CRF::        |   |
| Title::                          | METHOD AND DEVICE FOR PROVIDING<br>COMMUNICATION SERVICES |
| Attorney Docket Number::         | STEIN 12  |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Suggested Drawing Figure::       |   |
| Total Drawing Sheets::           | 3   |
| Small Entity?::                  | No  |
| Latin Name::                     |   |
| Variety Denomination Name::      |   |
| Petition Included::              | No  |
| Petition Type::                  |   |
| Licensed US Govt. Agency::       |   |
| Contract or Grant Numbers::      |   |
| Secrecy Order in Parent Appl.?:: | No  |

### **Applicant Information**

|                               |               |
|-------------------------------|---------------|
| Applicant Authority Type::    | Inventor      |
| Primary Citizenship Country:: | Israel        |
| Status::                      | Full Capacity |
| Given Name::                  | Shai          |

|   |                       |
|---|-----------------------|
| Middle Name::                           |                       |
| Family Name::                           | STEIN                 |
| Name Suffix::                           |                       |
| City of Residence::                     | Raanana               |
| State or Province of Residence::        |                       |
| Country of Residence::                  | Israel                |
| Street of Mailing Address::             | 4/17 Shy-Agnon Street |
| City of Mailing Address::               | Raanana               |
| State or Province of Mailing Address::  |                       |
| Country of Mailing Address::            | Israel                |
| Postal or Zip Code of Mailing Address:: | 43380                 |
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | Israel                |
| Status::                                | Full Capacity         |
| Given Name::                            | Moredechay            |
| Middle Name::                           |                       |
| Family Name::                           | MORGENSTERN           |
| Name Suffix::                           |                       |
| City of Residence::                     | Petach Tikva          |
| State or Province of Residence::        |                       |
| Country of Residence::                  | Israel                |
| Street of Mailing Address::             | 28 Begin Road         |
| City of Mailing Address::               | Petach Tikva          |
| State or Province of Mailing Address::  |                       |
| Country of Mailing Address::            | Israel                |
| Postal or Zip Code of Mailing Address:: | 49732                 |
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | Israel                |
| Status::                                | Full Capacity         |
| Given Name::                            | Ofer                  |
| Middle Name::                           |                       |
| Family Name::                           | REVIV                 |
| Name Suffix::                           |                       |

City of Residence:: Moshav Timorim

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: House #287

City of Mailing Address:: Moshav Timorim

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 79860

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of PCT/IL05/000189 02-15-05

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

Israel 160665 03-01-04 Yes

**Assignment Information**

Assignee Name:: ECI Telecom

Street of Mailing Address:: 30 Hasivim Street

City of Mailing Address:: Petach Tikva

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 49517